## 2020 Bay County Mini Roadrunners and Novice Registration

Wrestler Information		
First Name:	Last Name:	Birthdate:
Weight: Age as of December 31st, 2019:		
School: Grade:		
Parent or Guardian #1		
First Name:	Last Name:	Email:
Cell #	Address:	
Parent or Guardian #2 First Name: Last Name:		
Email:	Cell #	<u> </u>
Medical Information  Allergies: Medication/Treatments/Inhalers:  Any other conditions we should be aware of:		
My child,, has permission to travel and participate in events with the Bay County Roadrunners Wrestling Club. I hereby release any Bay City Public Schools, Pinconning Area Schools, Essexville Hampton Schools, or Bangor Township School, or any other school that is involved with Bay County Wrestling, its members, drivers, board members, and coaches from any and all responsibility and/or liability for any accidental injury which may occur during my child's participation in the Bay County Roadrunner Wrestling Club.  Parent/Guardian Signature:  Date:		
Bay City Cen Bay City Wes Serville Ga John Glenn Pinconning	stern	Checklist:  \$ Cash # Check Card